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CLINICAL LECTURES.

ON SPONDYLITIS RESULTING IN CARIES OF THE SPINE.

A Clinical Lecture delivered at the Bellevue Hospital, New York.

By LEWIS A. SAYRE, M.D.,
Professor of Orthopedic Surgery and Clinical Surgery in the Bellevue Hospital Medical College.

(Phonographically reported, especially for the Medical News and Library, by M. Josiah Roberts, M.D.)

GENTLEMEN: To-day we have some cases of spondylitis resulting in caries of the spine, called also Pott's disease, because it was first accurately described by Percival Pott, who died in 1788. But it is

no more proper to call the disease which we are to consider to-day Pott's disease than to group the various affections of the kidneys, differing in causation, treatment, and prognosis, under the comprehensive title of *Bright's Disease of the Kidneys*; for, though Pott and Bright were the first to write systematically upon the diseases which their respective names bear, yet neither of them possessed anything like the amount of definite knowledge in regard to their etiology, pathology, course, treatment, and termination, which is known at the present time. Although we would give Bright all the glory which is due to him as the first systematic writer upon diseases of the kidneys, yet we do not think this should entitle a number of diseases, the existence and na-

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ture of which he was entirely ignorant, to bear his name. So, too, with Pott's disease, which we would prefer to call spondylitis—and which, unless arrested, results in caries of the spine. It ought to go by the name of Pott's disease no longer. The title, spondylitis, describes to some extent the nature of the disease in question, and hence is preferable to a title which gives no idea of the structures involved or the pathological changes which take place.

Spondylitis may occur at any period of life, as the result of falls, wrenches, strains, or other traumatisms to the spinal column, or its attachments.

A blow or concussion may cause an extravasation under the interarticular cartilages, this extravasation remaining undetected until continued muscular exertion develops an inflammation which goes on to softening and disintegration. Suppuration may take place, and the imprisoned pus give rise to a great deal of pain; but the most important point is, that the nutrition of the interarticular cartilages becomes interfered with, and disintegration, disorganization, or necrosis takes place on account of the very low degree of vitality of the involved parts.

Another way in which the disease may be produced is by the individual receiving a fall or a blow of such a nature as to cause the fracture of some one of the vertebral processes. As you know, a vertebra, in its early organization, consists of seven distinct points of ossification, each of which increases in growth until further along in life, when they become consolidated into a single bony mass. Now, some little blow to the part may be sufficient to set up an inflammatory action in some one of these ossific centres, or interfere with their nutrition, and thus lead to complete disintegration of the bony structures.

Another way in which the disease may be produced, is by the bending of the spinal column out of its normal position by the strong muscles attached to the bodies and processes of the vertebræ, as in the case of a wrench, where the powerful contraction of these muscles might pull

up the periosteum and thus give rise to a periosteal inflammation.

Another way is by the compression of the ribs, thus driving the heads of the ribs against the articular facets so forcibly as to set up an inflammation which may result in carious degeneration.

But no matter what may be the cause of spondylitis, the symptoms which are characteristic of the disease are generally slow in their development, and sometimes require months before they speak out with sufficient distinctness to be recognized as peculiar to the disease under consideration. One of the earliest symptoms of the disease is due to the fact that the nerves given off from the spinal cord at points in close proximity to those implicated in the degenerative changes in the vertebræ become involved to a greater or less extent, the evidences of which are manifest at their *distal* extremities. For example, if the disease be in the neck, before there is any evidence of distortion, the patient will have a choking cough, difficulty in swallowing, thoracic pains, etc., which may lead one to think there is some disease of the larynx, trachea, or lungs.

A patient was presented to you a few weeks ago, if you remember, suffering from paralysis of the lower extremities, caused by spondylitis in the cervical vertebra, but who had been for several months treated as a case of croupous laryngitis, and finally the physicians in charge decided to perform tracheotomy, for the purpose of removing a foreign body, supposed to be in the larynx. But prior to the intended operation I was called in consultation, and by simply lifting the child's head so as to remove the superimposed weight from the diseased vertebræ, respiration became normal. By the adjustment of an apparatus to retain the head in this position (see fig 1 from Photograph by Mason), the child was made perfectly comfortable, as you remember, and I have since received the following favourable report from her parents, dated Hot Springs, Arkansas, November 14th, 1877:—

"Her health is greatly improved, and

she romps about the premises all day long, as merry as a cricket. No nervous irritation, *no cough* nor lassitude, but a sunny, rollicking tomboy."

Fig 1.



And you all remember that, previous to the adjustment of the support, she was paralyzed in her lower extremities, and her peculiar cough was incessant.

Further down the spine the disease gives rise to palpitations of the heart, pain in the lower part of the chest, and a sensation of constriction.

The disease occurring still further down the column, the patient may have symptoms of gastritis, and receive at the hands of a physician, who fails to detect the true nature of the disease, a course of treatment for dyspepsia.

Occurring further down, the intestines may become involved, and all the symptoms of worms develop, the case being treated accordingly, no suspicion arising that a portion of the spinal column is diseased, until an abnormal prominence of it occurs at some point.

Lower still, the disease may give rise

to pain in the bladder, rectum, and thighs, yet no suspicion arises as to the true nature of the disease until deformity occurs. A frequent desire to urinate is a common symptom of the disease in this portion of the vertebræ long before deformity is manifest.

So, when you find the symptoms we have enumerated present in any particular case, examine your patient carefully, and if you find no evidences of disease in the larynx, lungs, heart, liver, or digestive organs, then look to the back. Watch the child as he walks, and see if he moves with that freedom and elasticity so characteristic of childhood. If spondylitis be developing, the child walks in a careful manner, the muscles of the trunk are kept rigid to prevent any movement of the vertebræ upon each other, the joints of the lower extremities are in a state of partial flexion, to prevent any jar upon the vertebral column, the shoulders elevated, the chin projected, and every possible means taken to relieve the inflamed parts from pressure or movement. If the child be asked to pick up an article from the floor, he will simultaneously bend his hips, knees, and ankles, and thus by *squatting* reach the article, instead of *bending* over as a well child would do, his object being to prevent any movement of the spinal vertebræ. You then ask the child to raise himself upon his toes and come suddenly down upon his heels, watching to see whether he keeps his limbs straight or bends them to relieve concussion. The instant you see such actions as these, take off the clothes and examine the back. For this purpose, after the clothes have been removed, lay the child across your lap, face down, legs on one side of your thigh, and arms over the other thigh; gradually separate your limbs, in order to extend the spinal column and remove pressure from the inflamed parts.

I neglected to state that in this disease the peculiar respiration is a prominent and important symptom: it is short and grunting in character. When the child is placed over your thighs, and the spine extended, he will take a deep, full, and comfortable inspiration; it is the sigh of

relief, as I call it. Should you approximate your thighs, and thus admit of pressure upon the nerves and inflamed parts, the child will have a spasm, and resume the same short, grunting respiration. If spasm does not follow upon the removal of the extending force, it, together with pain, may be produced by placing one hand upon the child's head and the other over the sacrum, and crowding the spinal column together.

You may press upon the spinous processes and get no pain, especially is this the case if the anterior portions of the bodies of the vertebræ be the seat of the degenerative changes; for pressure upon the spinous processes will tend to remove pressure from the diseased parts by separating the anterior portions of the bodies of the vertebræ, and thus relief, instead of pain, is given. You may examine the spinal column in this way and find no evidence of pain, and you say there is no disease. Do not be too sure of this, for it frequently happens that the disease does not begin on the anterior portion of the bodies of the vertebræ, but upon the sides of the vertebræ at their junction with the ribs; therefore, in order to ascertain whether this be the case or not, take each rib separately and crowd it against the vertebræ with which it articulates. By taking the ribs separately and driving them against their articulating surfaces, if disease exist at this point, you will elicit pain together with reflex spasm, and at the same time ascertain the exact situation of the diseased parts.

Treatment.—The treatment has been to place these patients in bed and confine them in the horizontal posture. This is beneficial treatment, in so far as it removes pressure from the inflamed parts, thus decreasing the tendency to softening, degeneration, and absorption; but it does not prevent reflex muscular contraction, unless there is combined with it extension and counter-extension; hence patients who recover from the disease without the use of extension recover with more or less distortion due to muscular contraction, even when they have been treated by keeping them constantly in the horizontal position.

But the confinement in the horizontal position for so many months, is injurious to the health of the patient, and hence numerous braces have been devised, the most popular of which is the one contrived by Dr. Taylor, of this city, and which you see adjusted to the little girl before you. This brace consists of an iron pelvis-belt, which is connected with two upright bars that make pressure along either side of the spinous processes, but do not press upon the processes themselves. The most important feature of the instrument is the hinge-joint movement on a level with the diseased vertebræ, thus permitting the superimposed weight, sustained by the upper portion of the spinal column, to be transferred from the anterior portion of the bodies of the vertebræ to the posterior portion and the transverse processes.

Case 1. This little girl when six years old received a fall, soon after which she began to have pain in the back, and was immediately sent to an institution for treatment. A brace was placed upon her, there being no distortion at the time, as her mother says, and she has worn it constantly ever since, a period of nearly four years, until now she is in the condition in which you see her. You will observe that the bands which pass around the thorax compress the chest in such a manner that the difficulty of breathing is greater than in any plaster-of-Paris jacket when properly applied.

When we apply a plaster-of-Paris jacket, we first expand the chest to its fullest capacity by suspending the patients from the head and armpits, and then require them to take a full inspiration; thus by the action of the levatores costarum and the intercostals, the ribs are separated to the fullest possible extent.

The little girl before you, as you see, is bent well backward and held in that position by the brace which she wears, the object being to allow the superimposed weight to fall upon the transverse processes and the posterior part of the bodies of the vertebræ, instead of where it normally does. In this case it is the sixth, seventh, eighth, and ninth dorsal vertebræ which are diseased, and form the prominence. I wish you to observe the

excoriation upon each side of this prominence: The pressure of the instrument upon the sides of the projecting vertebræ has interfered with the nutrition of the parts, and that is one great reason why recovery does not take place. I have used this sort of a brace for many years, and it has been my experience that, if the patients recover while wearing it, they recover with more or less distortion. In order to remove pressure from the sloughing sores, I take thick pieces of felt and place them upon either side, as you see, and thus guard against cutting off any nutrition to the diseased parts from undue pressure. I have a skin-fitting knit shirt placed over the patient before the plaster bandage is applied. This shirt is without sleeves, and is secured in position by tabs tied over the shoulder. Beneath the shirt in front, in the epigastric region, we place a stomach or dinner-pad, which is removed when the plaster gets partially dry, and thus room is left beneath the plaster jacket for the ingestion of a hearty meal of victuals.

This child has never been swung up before, so we will have to instruct her as to the various steps of the process. As she raises herself by means of the pulley-rope, you see we do not permit her to bend the elbow, and pull down, but simply place one hand above the other, and continue this climbing process till she has raised the weight of her body from the floor, and simply touches the latter with the tips of her toes. This gives rise to no pain whatever, and the deformity which has resulted from the disease gradually becomes less conspicuous, as you see, due to the removal of the superimposed weight from above, and the force of gravity acting upon the dependent portion of the body below.

We will now apply the bandages, which have been prepared of cross-barred muslin or crinoline torn in strips from two or three inches wide, according to the size of the patient, and about three yards long, the meshes of which have been rubbed full of finely ground plaster-of-Paris and rolled up in the form of an ordinary roller-bandage. These are to be dipped, just previous to being used, into

a basin of warm water, sufficiently deep to completely immerse the rollers when set into it upon their ends. If the bandage be put in on its side, the air cannot escape, and the inner portion of the roller will not be sufficiently saturated with water to make it easy of application. When the air has ceased to escape from a roller, it is then perfectly saturated and fit for use, and should be applied at once. As you take one roller from the basin, squeeze it gently to expel the surplus water, and immerse another end-wise, which will be sufficiently saturated for application by the time you have applied the first. Never place two rollers in the water at the same time.

The thickness of the jacket to be applied depends upon the size of the patient, three to five layers usually being sufficient for an ordinary sized child, but for an adult of large size probably more thicknesses would be required.

Now you see the chest is fully expanded, and, as my assistant applies the plaster bandage, I press the layers together and see that it fits the body snugly at all points, pressing it into the intercostal spaces and all other sinuosities, being careful not to make undue pressure over any elevations or projecting points. You perceive that our little patient holds herself in position by means of the pulley-rope with perfect ease, and she has just told me that she is entirely free from pain. Having covered the trunk with two layers of the plaster bandage, we now place narrow strips of tin, roughened on either side like a nutmeg grater, vertically around the trunk three or four inches apart, and carry another wet plaster bandage over these, which materially increases the strength of the casing without adding to its weight.

Having completed the application of the bandage, we now hasten the setting of the plaster by running up and down it with this heated iron roller. This idea was suggested to me by an Irish lady when I was in Ireland, where the atmosphere is so moist as to materially interfere with the setting of the plaster; but the ordinary triangular iron found in houses proved to be so inconvenient that

I had Mr. Reynders make this form of an instrument, which looks very much like a miniature garden roller. When the iron roller gets cool, it can easily be changed for a hot one.*

Fig. 2.



We will now lay her upon the table until she gets partially dry; but before the drying process is completed, it is important to remove the dinner-pad, and, having withdrawn it, to press the bandage in the inguinal region, thus widening it out over the anterior and superior processes of the ilium. Should the spinous processes project too prominently, it is a wise plan to place a pad over them before beginning the application of the bandage. The pads should project below the casing, so that they can be easily removed when the plaster has set. We will cut out a piece of this little girl's jacket directly over the excoriation on her back, and through the opening thus made apply some unguents; probably the next time she has a jacket adjusted to her, this will be unnecessary.

* I have since discovered that the plaster hardens more readily by blowing on it with a pair of bellows.

Should there be any pain experienced after the application of the jacket, no matter how slight, it is due to the fact that the bandage has been improperly applied; therefore it should be removed at once and a new one applied, for there is something wrong. If this be neglected, there is great danger of excoriation as a consequence of undue pressure upon certain parts.

Sometimes very young children will cry when suspended for the purpose of applying the plaster jacket, but the cry of pain can be easily differentiated from that of fear or obstinacy. When their crying is not due to pain, you can proceed with your work with no fear of making undue compression of the thorax, and thus interfere with the pulmonary circulation.

Case II. This patient has suffered from spondylitis for six or seven years, and, as you see, has an enormous curve. I cannot say whether we will be able to help this patient or not, until we have suspended him in order to see whether the curve of his back is lessened; if so, we may be able to do him some good.

By applying a strip of sheet-lead closely over the curved portion of the spine, before he is suspended, removing this, placing it edgewise upon paper, and tracing its outline with a lead-pencil, we get an exact representation of the spinal curvature. Now, suspend your patient, straighten your strip of lead, and apply as before; remove, trace its outline alongside the first, and you have a mathematically accurate representation of the decrease, if there be any, in the spinal curvature. Those patients who recover from this disease could, with timely and proper treatment, just as well recover without distortion as with it. Should a patient come to you with partial or complete consolidation, you will under no circumstances be justified in attempts to completely rectify the deformity. The vertebrae in this case are very nearly ankylosed, for you see the child is able to stand without support while I am putting on his shirt; frequently the pain is so great that the patient is unable to stand, and we are obliged to put his shirt on while he is in the horizontal position.

We have now ascertained the degree of curvature, both before and after suspension, and you observe what a marked diminution in the curve has taken place. Now, if we succeed in retaining this patient's spine in a position with no more curvature than it has while he is suspended, recovery will take place with very much less deformity than he now has, and it will take place much more rapidly. We will apply the plaster bandage in the same manner as in the previous case.

After an individual, suffering from spondylitis, has been placed in a properly applied plaster-of-Paris jacket, almost the first change in the appearance of the patient, which you will notice, will be the flush of color to the cheeks and an expression of absolute comfort.

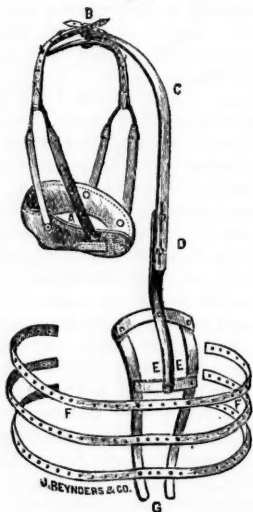
In cases of spondylitis, abscesses are sometimes connected with the diseased vertebrae; and, if so, they may open down upon the thigh, in the rectum, and there is no telling where they may open, even when the disease is high up in the dorsal region or in the cervical region. Should an abscess open in any place where it will be covered by the plaster bandage when it is applied, you should make an opening through the casing so that any desired applications can be made. For this purpose, place a piece of oiled silk over the abscess after a free incision has been made, then draw on the shirt, and, having placed a piece of folded cardboard with a pin projecting through it, over the wound, so as to indicate the position of the abscess, apply the plaster bandage, passing it over the pin, which, projecting, will serve as a land-mark for cutting a fenestra. Now make a circular incision which shall extend through all the layers of the jacket, remove this piece, and when you come down upon the shirt and silk, *star* them and turn the flaps over the cut edges of the opening through the casing, which will leave a clean fenestra leading to the abscess. Put in some Peruvian balsam and oakum or carbolized oil, place a bandage over it and dress it every day. This arrangement is all that could be wished, and does not perceptibly weaken the support,

which is so essential in the treatment of these cases. When there are any active inflammatory changes going on within the vertebrae, you will find it much better to retain the casing entire than to divide it. Sometimes, however, after the inflammatory processes have been arrested, and the patient is convalescent, the jacket may be divided in front and islet-hooks placed upon each side, a corset string then being used to retain it in position. Thus modified, a plaster jacket may be removed or applied at pleasure, and it makes a much better corset for support than the ordinary kind.

Case III. The case which I now present to you is one in whom the disease is in the cervical vertebrae. The same principle of treatment is applicable here as in other portions of the spinal column; but the plaster jacket in this instance acts as a support to a jury-mast or head-rest, from which the head is to be suspended. This child, you observe, has his chin resting upon his sternum, his hands upon his knees, and has that grunting respiration so peculiar to this disease. By simply placing one hand under the chin and the other under the occiput, and gently lifting the head, you observe that the jerking respiration ceases at once. We therefore allow the child to suspend himself by the head-rest, having previously put on this skin-fitting shirt and adjusted the dinner-pad, we apply the plaster bandage as in the first instance. Having now covered his entire trunk with two layers of the bandages, we now adjust the jury-mast or head-rest. This, as you see, consists of two parallel, malleable iron bars which go upon either side of the spine, being connected at the top and giving support to a piece which is curved over the head and terminates in a swivel or cross-bar, from which is suspended the leather head-rest supporting the chin and occiput. The two malleable irons upon either side of the spine are capable of being bent to accommodate any curve. Thin strips of tin, one half to one-fourth of an inch in width, and perforated with holes, are attached to the bars, which pass two-thirds of the way around the body. Another layer of plaster bandage is applied

over the tin strips and lower portion of the jury-mast, which serves to secure them in position. The upright bar behind has two slots in it, so that it can be moved up and down and secured in any desired position. The result is that the child carries the weight of his head, through the medium of the jury-mast and plaster-jacket, upon his hips.

Fig. 3.



Having completed the application of the bandage, we will now lay the child upon the bed and wait for the plaster to set, after which we will suspend his head from the cross-bar by means of the leather head-rest, taking care to have it sufficiently elevated to give freedom from pain. Having done this, the child will be able to walk about with his head in the ordinary position, free from pain and with an expression of comfort, as seen in Fig. 1.

[The lecture being completed, the first case was measured against the wall, and found to be three-fourths of an inch taller than before the plaster bandage was applied; cheeks more red in colour, and the child perfectly comfortable.

The second case was not so much in-

creased in length, but much improved in position. He stated he was much more comfortable than with any brace he had ever worn.

The third, in whom this disease was in the cervical region, after the head-swing was applied and properly adjusted, ran about the room with perfect freedom, head erect, sustained and supported by the jacket and jury-mast alone, requiring no support from his hands whatever.—**REPORTER.]**

HOSPITAL NOTES AND GLEANINGS.

Case of Carcinomatous Tumour between the Pharynx and Larynx.—This patient was a male about sixty years old, and was under the care of Professor LANGENBECK at the University Clinic, Berlin. He had suffered from dysphagia, occasional dyspnoea, and hoarseness of voice, of some standing; the first being now chiefly complained of.

On examination, a soft tumour could be felt on the right side of the neck, at the level of the thyroid cartilage, and over the carotid, which communicated a slight heaving impulse to it. The laryngoscope showed that the parts above the vocal cords were inflamed, and the larynx slightly compressed. The epiglottis was healthy. A bougie could be passed down the oesophagus, but with some difficulty.

The patient was put under chloroform, but rapidly became asphyxiated; the pupils were widely dilated, and the face livid. He was restored by artificial respiration. Tracheotomy was performed, and a tampon canula inserted. The head being now bent back, with the neck horizontal, an incision was made on the right side from a point level with the great cornu of the hyoid bone, and about $1\frac{1}{2}$ to $1\frac{3}{4}$ inches from the median line, extending downwards and slightly inwards for about 4 to $4\frac{1}{2}$ inches. All the muscles which hindered rotation of the hyoid to the left were then cut through in turn, and numerous vessels were ligatured; and a tumour of cauliflower-like appearance was found between the pharynx and larynx. Professor von Langenbeck then removed it with its attachments (having rotated the

larynx); viz., half of the cricoid cartilage, partly right, partly posterior; the right arytenoid cartilage; and nearly the whole of the right half of the thyroid, the first and last being ossified.

The tumour was flattened, nearly circular in form, two inches in diameter and rather more than half an inch thick, pale yellow in colour, with a flat toadstool-like pedicle. Microscopically, it was found to be carcinomatous.

The patient went on well for two days; then lung-mischief (pneumonia) appeared, and he sank rapidly, dying on January 13th. No necropsy could be obtained; but Prof. Langenbeck attributed death to the retention in the bronchi of mucus, discharge, etc., which the patient had not the strength to expectorate.

Remarks.—The operation, I believe I am correct in saying, is quite novel in conception. Its execution, though dangerous, was most safely performed. That it was most skilfully performed, it is unnecessary to say. We have, then, the after-danger, say, of accumulation in the bronchi, as in this case, setting up fatal pneumonia, to prevent. Could not this be done by the employment of artificial respiration, giving the patient thus the all-necessary power of expelling this accumulation, which he would not himself possess?—*Brit. Med. Journ.*, February 2, 1878.

A Case of Excision of the Mamma, in which a New Method of Drainage was employed.—Mrs. T—, aged sixty, was admitted into Mr. Bell's ward at the Royal Infirmary, Edinburgh, on December 24, 1877, suffering from scirrhus of the mamma with epithelioma of the nipple. On the 26th inst. Mr. Bell removed the breast under antiseptic precautions, but tried a new plan of drainage, on a principle suggested by Mr. McGill, of Leeds, in the January number of the *Edinburgh Medical Journal*. A piece of drainage tubing about three feet long was used. One end was pierced with holes, laid along the wound, and secured at the upper end by a stitch. The other end was weighted and placed in a six-ounce bottle half full of carbolic lotion (1 to 40). To prevent air from

passing in by the side of the tube, it was carefully packed round with pieces of loose gauze. During the next twenty-four hours about five ounces of serum were drained away, and when the dressing was removed only about a fourth of the usual discharge was found on it. The only extra precaution required during dressing was that the tube should be secured by a piece of bandage or a clip, lest any air should pass up it while it was out of the bottle. On the second day after the operation scarcely any discharge was found on the dressing. After this the wound was dressed only every second day, until January 4, when it was found to be almost healed, and was dressed with a strip of boracic lint. The patient was dismissed on January 7, the twelfth day after operation, the wound being quite healed. The temperature and pulse averaged normal.

The advantages claimed for this mode of drainage are: (1) that it prevents tension; (2) that it lessens the amount of discharge on the dressing, thus allowing of fewer dressings; (3) that under favourable circumstances it would do away with dressing the wound, as the bottle need only be emptied and refilled; (4) that it would be a speedy indication of bleeding. The disadvantages are: (1) the difficulty of arranging the dressings so that no air could pass up by the tube; (2) the risk of the tube becoming choked by clots.—*Lancet*, January 26, 1878.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Synchronous Double Amputation of the Feet and Hands. By ALEXANDER W. REESE, M.D., of Warrensburg, Ill.

On the night of June 8, 1875, the thermometer standing at 25° below zero, a deep snow on the ground, the wind directly from the north and blowing a severe gale, George W. V., labourer, æt. forty-one, stout, robust, heavy-set, was ejected from a liquor saloon in a state of intoxication. This took place about 11.30 P. M. The streets were deserted and desolate, and, while stumbling along, he fell over a stone embankment on the south side of the

street, and, being unable to help himself, laid there all night. About daylight the succeeding morning, he crawled on his hands and knees across the street, and was found on the steps of a grocery store. He was assisted to his boarding-house, some half mile distant, by a couple of men, walking on his frozen feet between the two. An irregular practitioner was sent for and took charge of the case. He first applied tinct. arnica to the hands and feet, which he subsequently abandoned and substituted therefor charcoal poultices. He prohibited coffee and all other stimulants. Such was the history of the case as detailed when I was called to assume its charge, January 22, 1875, fourteen days from date of the exposure. I found the hands and feet in a state of mortification, the line of demarcation being already pretty well established. This line in the hands ran nearly parallel with the metacarpo-phalangeal articulation, in the feet across the middle of the instep. Amputation was, therefore, inevitable.

On the 26th January, in presence of several physicians of this place, I proceeded to operate. Commencing with the hands, I removed the dead portions at the metacarpo-phalangeal articulation, amputating the thumbs at the first joint, in the hope of saving the first phalanx, thus affording the best chances for prehensile powers in the remaining portions of those useful members of the hands. As the heads of the metacarpal bones were soft, spongy, and much impaired in vitality, I clipped them off with the bone forceps, retrenching them as far as possible in the stumps, in order that a good and sufficient covering might be obtained.

As soon as this was completed the feet were removed at the metatarso-phalangeal articulation. The patient bore the operation well, refusing the aid of chloroform. There was but little hemorrhage, and, after a drink of whiskey and half a grain sulph. morph., the wounds were dressed and he was left to "pleasant dreams."

This patient was a good while recovering, from the fact that gangrenous spots on the soles of the feet (including also portions of the heels), above the opera-

tion, subsequently made their appearance, sloughed out and healed very slowly. The sloughing on the heels exposed the os calcis to the size of a half dollar. The exposed bones I found to be soft and rotten, and these I chipped off by means of the chisel and mallet. Portions of the soles of the feet also sloughed off, leaving a very tender and red surface. Many scales and spiculae of bone were exfoliated.

The stumps were daily washed with tepid water and Castile soap, supplemented with a weak solution of carbolic acid. They were then dressed with a covering of patent lint, spread with basilicon ointment or simple cerate.

At the expiration of four months he was able to be on the streets. He is able to handle a knife and fork, keeps a candy and variety stand, and can be daily seen at his post, walking to and from his business place without the aid of crutch or cane.

How this man could have lain out doors on the ground during the greater part of that bitter night without being frozen to death remains a mystery to me. Perhaps the embankment on the north side of him may have contributed in some degree to his escape, by partially protecting him from the icy gale.

DOMESTIC INTELLIGENCE.

Death from Ether and Chloroform.—A case of death from inhalation of a mixture of chloroform and ether is reported in the *Chicago Medical Journal* for March.

Medical Certificates in Daily Papers.—The Committee on Ethics, of the Medical Society of the County of New York, has been officially notified that all the members of the Society who had given certificates regarding the value of certain mineral waters have withdrawn their names from such recommendations in deference to the expressed sense of the Society (see *Medical News*, for March last, page 43).

American Medical Association.—The American Medical Association will meet at Buffalo on the 4th of June, under the Presidency of Dr. T. G. Richardson, of New Orleans.

Dr. E. T. Ensley, of Little Rock, Arkansas, Secretary of the Section of Anatomy and Surgery, requests that all papers intended for the next meeting be forwarded at least one month before the meeting to the Chairman of the Section, Dr. Henry H. Smith, 1800 Spruce Street, Philadelphia, instead of to his address.

The papers already arranged for this Section are as follows:—

Address by the Chairman, "On Certain Points in the Pathology of the Bones, especially Tubercles."

"On Septicæmia after Resection of Bines," by Dr. Weeks, of Portland, Maine.

"On Disease Germs," by Dr. Watson, of Jersey City.

"On Identity of Hospital Gangrene with Diphtheria," by Dr. Carpenter, of Pottsville, Penna.

"On Tracheotomy without Tubes," by Dr. H. A. Martin, of Boston.

"On an Original Operation for the Relief of Irritation of the Joints in Valgus of the Great Toe," by Dr. Frank H. Hamilton, of New York.

"On Extirpation of the Thyroid Gland," by Dr. Miner, of Buffalo.

"On Pathology and Treatment of Cancer," by Dr. McGraw, of Detroit.

"On Process of Repair of Wounds with and without Antiseptic Treatment," by Dr. Hyde, of Syracuse, N. Y.

"On Fractures near the Wrist," by Dr. Packard, of Philadelphia.

University of California.—We are informed that, with a view of elevating the requirements for graduation and of prolonging the period of study, the same curriculum adopted by the University of Pennsylvania and by Harvard University has been adopted by the University of California. For the present term the preliminary examination for matriculation will be omitted, but it is understood that it will be adopted at no very distant period.

Correction.—In Dr. Pepper's Clinical Lecture on Paracentesis of the Pericardium in the number of this Journal for March, the reference in the foot-note on

page 37, to Dr. Welch's case, should have been to the Transactions of the Arkansas State Medical Society.

Medical Graduates in 1878.—

University of Pennsylvania . . .	127
Jefferson Medical College . . .	203
University of the City of New York . . .	153
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St. Louis Medical College . . .	49
Medical College of Virginia . . .	12
College of Physicians and Surgeons, Indianapolis . . .	41
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OBITUARY RECORD.—At Washington, D. C., on the 11th of March, aged sixty-one, CORNELIUS BOYLE, M.D., late Vice-President of the Medical Association of the District of Columbia.

— At New Orleans, on the 10th of January, AUGUSTUS A. CENAS, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the University of Louisiana.

— At Toronto, on the 20th of February, aged sixty-seven, EDWARD M. HODDER, M.D., Professor of Obstetrics in Trinity College Medical School, Toronto.

Dr. Hodder was a prominent practitioner, and the acknowledged leader of the profession in Toronto.

FOREIGN INTELLIGENCE.

Sudden Death in Typhoid Fever.—M. Dieulafoy has recently published some interesting remarks on sudden death in certain cases of typhoid fever of moderate intensity. This regrettable accident is not connected in these cases with any cerebral affection, for the patient remains free from cerebral symptoms during life, and the autopsy does not reveal any trace of cerebral disorganization. Some con-

gestion of the lungs or lobular pneumonia may exist, but these are insufficient to account for the accident. Besides, the sudden onset and rapid progress of the final event point to death from syncope. We have to seek, then, for the causes of this syncope. Does it depend, as some think, on alterations in the muscular structure of the heart, or is it, as others affirm, unconnected with cardiac disease? The former support their theory on the consideration that typhoid patients are subject to changes in the muscular system, particularly to hyaline degeneration, which may have a tendency to affect certain muscles, but does not always spare the heart. This theory, however, though based on a certain number of clinical and pathological facts, does not bear scrutiny, for the cardiac degeneration alluded to is not discovered in a considerable number of cases. Besides, we not infrequently observe that patients labouring under disease of the cardiac valves may live for years despite the degeneration of the muscular tissue of the heart? M. Dieulafoy's explanation of sudden death during the course of typhoid fever is mainly founded on two facts—sudden death may occur independently of typhoid from apparently insignificant causes, such as drinking iced water, cauterizing the œsophagus, etc.; and also on the experiments of Brown-Séquard, Goltz, and Berheim, which demonstrate the special excitability of the intestinal canal, and the mechanism of fainting produced by intestinal irritation. M. Dieulafoy hence concludes that the fatal syncope of typhoid fever depends on reflex action from some point of irritation in the intestines. The irritation is transmitted along the centripetal filaments of the sympathetic nerve to the cells of the spinal marrow and bulb. Here a transformation into movement takes place, and is propagated in different directions; sometimes along the pneumogastric nerve, occasionally producing sudden death; in other cases the respiratory nerves are involved, when respiration and cardiac motions are at once arrested; in other cases we have convulsions terminating fatally. MM. Laveran and Bussard attribute the fatal

attack to cerebral anæmia; but M. Dieulafoy asks, if such be the case, how can we explain why patients are not cut off in the same manner during the course of various cachectic diseases, as chlorosis, etc.? Finally, M. Dieulafoy refutes the opinion of some physicians who attribute the fatal event to some sudden change of posture. Were such the cause, it would be imprudent, as he observes, to allow a typhoid patient to make the most ordinary movement, as the result might be instantaneous dissolution.—*Med. Examiner*, February 28, 1878.

Dialyzed Iron.—Professor Bouchardat having often had his opinion asked as to the nature and therapeutical value of this, communicates a paper to the *Bulletin de Thérap.* (January 30), in which he furnishes an analysis of the best account that has been published of the preparation of dialyzed iron, as given by Prof. Depaire, of the Brussels University, in the *Journal de Méd. de Bruxelles* for 1877. As to its therapeutical value, he agrees with Prof. Depaire that, *à priori*, it is not to be expected to be considerable. He himself firmly believes that the salts of iron at the maximum are of very inferior efficiency to that of porphyryzed metallic iron—or, better still, Quevenne's iron (which he employs daily), or the preparation of carbonate of iron combined with an organic acid. *Theoretically*, he must regard the dialyzed iron as an inert ferruginous preparation, or as one of the least active, unless clinical observation clearly shows that he is wrong.—*Med. Times and Gaz.*, March 1, 1878.

Corns.—In a lecture at the St. Louis, on hypertrophy of the epidermis, M. GUBOUT (*Gaz. des Hôp.*, Feb. 7) observed that, while in callosities the hypertrophy takes place at the surface, in corns the hypertrophied part becomes pyramidal, and takes the form of a nail with its point directed towards the deeper-seated parts. This sharp point, lodged in a kind of cupola, which exactly boxes it in, has a tendency to penetrate into the substance of the dermis whenever the base of the corn is compressed. The portion of the

dermis which is in permanent contact with the epidermic induration becomes inflamed and altered in character, its papillae disappearing, so that at last it becomes a true matrix, destined to form deep new horny epidermic layers in proportion as the more superficial layers are eliminated. Changes of the weather often give rise to great pain in corns, which has been supposed to be due to their hygrometric nature, which, by causing their enlargement, adds to the suffering. But, in fact, the exacerbations are less severe during the time that it rains than they are for some days preceding; and they are also met when the weather is about to change from wet to dry. These painful exacerbations of the pain of corns are quite as remarkable and as inexplicable as are those of rheumatic pains. The sole efficacious treatment is excision, but care must be taken that this is complete. The summit of the cone must be cut down to, so as to entirely empty the dermic cupola. And then it is quite necessary to destroy by cauterization the inner surface of this cupola—i. e., the matrix of the corn—which will otherwise be reproduced. The best caustic is sulphuric acid, of which we may deposit a drop by a match or glass rod on the excised part. If the corn recurs, the same processes of excision and cauterization must again be resorted to. —*Med. Times and Gaz.*, March 9, 1878.

Alcohol Dressings in Wounds of the Scalp.

—Prof. GOSSELIN, in a recent clinical lecture (*Gaz. des Hôp.*, August 2), called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipelatous inflammation. The rapid cicatrization that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguinolent seropurulent secretion in nowise resembling good pus. This secretion gradually ceases

and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Prof. Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrization nor cicatrization after granulation and suppuration. This mode of cicatrization in wounds of the head especially occurs when these are dressed with pure alcohol; other modes of dressing requiring the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents and leads to the quickest cicatrization. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.—*Practitioner*, March, 1878.

The Liquefaction of the Gases of Air and Water.—Apart from the telephone, the liquefaction of oxygen, nitrogen, and hydrogen is, beyond doubt, the greatest scientific triumph of the past year, one of the greatest, indeed, obtained for many years. It is true that this triumph has long been looked for. Since the immortal researches of Faraday few have doubted that the gaseous state is dependent solely on certain conditions of heat and pressure. The experiments of Dr. Andrews, led up to, as they were, by the long neglected ones of Cagnard de la Tour, showed that no absolute line of distinction could be drawn between the liquid and gaseous states. In another research, Andrews found that oxygen, when exposed to very great pressure, contracted more rapidly than the law of Boyle required, indicating, as he did not fail to remark, that it was near its point of condensation. But still the fact remains that until the close of the old year several gases had resisted all pressure brought to bear upon them, and that for them theory remained unverified. The mechanical difficulties to be overcome were enormous, and the expense to be incurred

very great, the last consideration having, it is to be feared, barred the way for years. It is not a little curious that a mechanical problem, at once so difficult and so important, should have been solved independently almost at the same time by two different workers, and by two different methods. As far as oxygen goes the glory must certainly be shared by M. Caillietet, of Paris, and M. Pictet, of Geneva.

It is not possible within our narrow limits to describe in detail the methods employed by the two workers. M. Caillietet's apparatus is simple enough in theory. Without using any very intense cold, he compresses the gas enormously by mechanical means, and then allows it to expand suddenly at a jet. The cold produced by this expansion is sufficient to liquefy a part of the element, while the rest flies off into the atmosphere. M. Pictet's apparatus is far more elaborate. He begins with a store of liquefied sulphurous acid gas. This is used in a second chamber to liquefy carbonic acid gas, and this in a third chamber to liquefy oxygen. The oxygen is generated from chlorate of potash, in an exceedingly strong iron cylinder. A tube from this cylinder passes through the solid carbonic acid, and terminates in a stopcock, which can be opened when the pressure has become sufficient. Four powerful pumps and a 15-horse-power engine are employed to carry the vapours of the sulphurous and carbonic acids through the chambers which are to be cooled by them, and it is not necessary to add that the mechanism is of the most perfect kind.

Experiments with the now visible elements are progressing rapidly, and we may expect, ere long, to hear of their properties in the new condition. The study of their densities, their appearance, and their chemical activities will be certain to reveal many marvellous facts, and to throw light on many doubtful points. What will happen, for instance, when liquid oxygen and hydrogen meet?—*Lancet*, Jan. 19, 1878.

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Dr. Althaus's Paper on Acute Anterior Myelitis in the Adult.—At the annual gen-

eral meeting of the Medical Society of London, held on the 4th of March, the silver medal of the Society, given to the author of the best paper read during the session, was awarded to Dr. Julius Althaus, for his paper on "Acute Anterior Myelitis in the Adult," which he has contributed in full to the current (April) number of *The American Journal of the Medical Sciences*.

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International Medical Congress of 1879.—It has been determined to hold the sixth session of the International Medical Congress at Amsterdam, in September, 1879. A committee, of which Professor Donders, of Utrecht, is President, has been formed to make the necessary arrangements.

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The Milk Epidemic of Typhoid Fever in Glasgow.—Now that this epidemic (see *Medical News* for March, 1878, p. 45) is virtually at an end, Mr. RUSSELL has reported the actual extent and fatality of it. In this report are only included cases which have actually been traced to infection by the suspected milk, and they amount to 163 in all. The death-rate was comparatively low, about 9.2 per cent., or 15 in all.

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Death from Chloroform.—A case of this occurred at the Liverpool Northern Hospital on the 7th of February.—*Med. Times and Gaz.*, Feb. 16, 1878.

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OBITUARY RECORD.—At Paris, on the 10th of February, CLAUDE BERNARD, aged sixty-five years.

Claude Bernard was born at Saint Julien, a small village near Lyons, on the 12th of July, 1813. After he had obtained his early education he was apprenticed to a pharmacien; afterwards he devoted himself to literature and wrote a vaudeville, which was performed at Lyons. In 1834 he went to Paris with a new tragedy in five acts, which he showed to Saint-Marc Girardin, the famous academician, to whom he had a letter of introduction. He, however, urged Bernard to abandon letters and tragedy writing, and

to study science. He thereupon entered himself as a student of medicine, and in 1839 became an inmate of the hospitals. In 1841 Magendie laid the foundation of his subsequent career by appointing him his assistant in the laboratory of the Collège de France. In 1843 Bernard sustained his thesis on the gastric juice and took the degree of Doctor of Medicine.

His tastes were as strong for practical surgery as for experimental physiology, and it was not until 1853, when he took with great *éclat* the degree of Doctor of Science at the Sorbonne, that he finally decided to devote himself to the latter. Honours now began to flow rapidly in upon him. In 1854 he was called to the Chair of General Physiology at the Sorbonne, and in the same year he was elected to the Academy of Sciences, Section of Medicine and Surgery. In 1855 he succeeded Magendie in the Chair of Experimental Physiology at the Collège de France. In 1867 he succeeded Flourens in the French Academy, and entered the Museum of Natural History as Professor of General Physiology. He was made a Commander of the Legion of Honour, and in 1869 he was appointed a Senator of the Realm. The Institute and the Academy of Medicine likewise elected him to membership, and the Society of Biology made him their perpetual president.

Claude Bernard was attacked in December last with grave vesical trouble, and on the 10th of February he succumbed to a pyelo-nephritis with uræmic complications.

The Government, in recognition of the great service he had rendered to science, decreed that his funeral should be held at the expense of the State. He was buried with military honours on the 16th of February at the cemetery of Père-Lachaise. The funeral was attended by representatives of learned societies from all parts of France. Discourses were pronounced at the grave by M. Dumas in the name of the Superior Council of Public Instruction; M. Mézières, in the name of the French Academy; M. Bouillaud and M. Vulpian, in the name of the Academy of Sciences; M. Laboulaye, in the name of the College of France; M. Paul Bert, in the name

of the Faculty of Sciences of Paris; M. Gervais, in the name of the Museum of Natural History; M. Moreau, in the name of the Academy of Medicine, and M. Dumontpallier, in the name of the Society of Biology.

In the death of Claude Bernard science has lost one of her most distinguished representatives, and France a most illustrious son. He was universally conceded to be the greatest physiologist of his time. His influence was felt wherever physiology was cultivated, and his name will descend to remote posterity. His discoveries of the function of the pancreas, of the glycogenic function of the liver, his experiments upon the production of diabetes by puncture of the floor of the fourth ventricle, his researches upon the influence of the great sympathetic upon innervation of the bloodvessels, and those upon the colorification, upon the salivary glands and upon poisons and drugs, with many others, have immortalized his name. His scientific work is comprised, save in a single volume, in his courses delivered at the College of France, which have been from time to time published. His writings are universally known and appreciated, and are true models of experimental inquiry.

— At Paris, on the 15th of February, of apoplexy, LEON-CLÉMENT VOILLEMIER, Commander of the Legion of Honour, member of the Académie de Médecine, and Agrégé of the Faculté.

M. Voillemier was a surgical author of considerable reputation, and his name is well known in connection with his writings on dislocation of the wrist, fracture of the lower end of the radius, capillary puncture in abscess, the treatment of urethro-perineal fistula, and diseases of the urinary organs.

— At Bayswater, on Jan. 27, CHARLES RITCHIE, M.D. Dr. Ritchie is best known by his researches on the Physiology of the Ovary, published in the *London Medical Gazette*, 1843-5, in which he maintained that ovulation was independent of menstruation.

— At Leipzig, on Jan. 26, aged 83, ERNST HEINRICH WEBER, the distinguished physiologist.

PLAYFAIR'S MIDWIFERY—Just Issued.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY.

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Professor of Obstetric Medicine in King's College, etc.

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Considering the short time that has elapsed since its appearance, Dr. Playfair's treatise has become extremely popular with medical practitioners and students. In many medical schools it has been adopted as the "Manual of Midwifery" *par excellence*. This position it owes chiefly to its own intrinsic merits, but also to the fact that it is at once the production of one of our metropolitan professors and the most recent work representing the progress that has been made in the art and science of midwifery during the last quarter of a century. It is written in a clear, practical, and comprehensive style. This is just the class of book that has long been needed for the student and practitioner alike, and we feel that it thoroughly merits the success which it has already met with.—*London Med. Examiner*, Sept. 6, 1877.

The high reputation already won by Dr. Playfair in this special department of medicine, is a sufficient guarantee for the meritorious character of this work. Every page is replete with interesting and instructive matter, containing the very latest information regarding the subject of obstetrics, full of hints of the greatest practical value. The book is profusely illustrated with valuable wood-cuts, and is printed in beautiful type.—*Cincinnati Lancet and Observer*, Nov. 1876.

He has been happy in producing the pleasantest, and most readable, and, withal, for its size, the most instructive book on obstetrics of recent years.—*Am. Journ. of Obstetrics*, Jan. 1877.

These volumes will, from the honest purpose of their author, and the ability of their execution, at once take a position in the highest rank of obstetric works, and must prove a most useful guide in this most onerous and responsible branch of the profession.—*London Lancet*, June 24, 1876.

Dr. Playfair has produced an admirable book. Few works on Obstetrics we have enjoyed the reading of so much as this. We predict for "Playfair" no ordinary success.—*Am. Practitioner*, Oct. 1876.

Not only an excellent epitome of the science and practice of Obstetrics, but one which presents to the student most of the recent advance in that branch of medical knowledge.—*Boston Med. and Surg. Journal*, Oct. 19, 1876.

The two text-books on Obstetric Medicine which hold the first place in the present day are Dr. Playfair's *Treatise on the Science and Practice of Midwifery*, and Dr. Leishman's *System of Midwifery*. Every student should have one or the other of these.—*London Med. Record*, Sept. 15, 1877.

This is a well arranged and concisely written, compact manual, in which the science and art of obstetrics is presented in a very comprehensive and systematic manner. It is saying everything else for it to remark that it is thoroughly up to the requirements of the times, and is destined to be one of the most useful handbooks in that department. It is profusely illustrated and well printed.—*N. Y. Med. Record*, Dec. 30, 1876.

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The best of recent English text-books.—ROBERT BARNES in *Am. Journ. of Obstetrics*, Jan. 1878.

That this book is recommended as a text-book by many of the leading scholars of medicine in this country, is sufficient evidence of the favor in which it is held. In a word, we know of no better book in our language, both for the student and practitioner. The value of the book is enhanced by this second edition, which contains many notes by our late Dr. Parry.—*Chicago Med. Journ. and Examiner*, March, 1877.

This new edition decidedly confirms the opinion which we expressed of the first edition of the work, in the May, 1874, number of this Journal, that this is, the best modern work on the subject in the Eng-

lish language." The excellent practical notes contributed by Dr. Parry refer principally to the use of the forceps, lactation, and the puerperal diseases, and are intended to increase the usefulness of the work in this country. An entirely new chapter on diphtheria of puerperal wounds has been added (Dr. P. has had unusual experience in this form of puerperal fever), and also a number of illustrations of the principal obstetrical instruments in use in America. We have no hesitation in saying that the work, in its present shape, is a great improvement on its predecessor, and in recommending it as the best obstetrical text-book which we should advise every English speaking practitioner and student to buy.—*Am. Journ. of Obstetrics*, Feb. 1878.

But the most valuable additions to the volume are those made by the American editor. We know no obstetrical work that has anything better on the use of the forceps than that which Dr. Parry has given in this, and no work that has the rational and intelligent views upon lactation with which he has enriched this. Having used "Leishman" for two years as a text-book for students, we can cordially commend it, and are quite satisfied to continue such use now.—*Am. Practitioner*, March, 1876.

HENRY C. LEA, PHILADELPHIA.